ECA/POP/TP/93/1 [3 (b) (i)]

An assessment of the formulation and implementation of National Population Programmes in ECA member states during the 1990s

UNITED NATIONS
Economic Commission for Africa
Addis Ababa, Ethiopia

An Assessment of the Formulation and Implementation of National Population Programmes in ECA Member States during the 1990s.

LIST OF ABBREVIATIONS AND ACRONYMS

APC	African Population Conference
APPER	Africa's Priority Programme for Economic Recovery
ARPAY	African Regional Plan of Action on Youth
BNA	Basic Needs Assessment
CCG	Christian Council of Ghana
CDC	Cooperation among Developing Countries
CCMFL	Committtee of Christian Marriage and Family Life
DDC	Day Care Centre
DTCD	Department of Technical Cooperation for Development
ECOWAS	Economic Community of West African States
ERP	Economic Recovery Programme
FAO	Food and Agriculture Organization
FP	Family Plannning
FPP	Family Planning Programme
GDP	Gross Domestic Product
GNEPP	Ghana National Family Planning Programme
IDEP	African Institute for Economic Development and Planning
IEC	Information, education and communication
IFORD	Institute de formation et de recherche démographique
ILO	International Labour Organisation
IPDP	Integration of Population Variables in Development Planning
IPPF	International Planned Parenthood Federation
IYY	International Youth Year
KPA	Kilimanjaro Programme of Action on Population

MCH	Maternal and Child Health
MSTSC	Multi-sectoral Technical Sub-Committee
NCPD	National Council for Population and Development
NDP	National Development Planning
NFPP	National Family Planning Programme
NGO	Non-Governmental Organization
NPC	National Population Commission
NPCTS	NPC Technical Secretariat
NPP	National Population Programme
PAIP	Programme of Priority Action and Investments for Population Activities
PFLE	Population and Family Life Education
PIP	Programme Impact Project
POPIN	Population Information System for Africa
PPAG	Planned Parenthood Association of Ghana
PPD	Population Policy Declaration
PPU	Population Planning Unit
RIPS	Regional Institute for Population Studies
SAP	Structural Adjustment Programme
TBA	Traditional birth attendant
UDEAC	Central African Customs and Economic Union
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund

UN-PAAERD	United Nations Programme of Action for African Economic Recovery and Development
UNSO	United Nations Sudano-Sahelian Office
USAID	United States Agency for International Development
WHO	World Health Organization

CONTENTS

		Page
I.	THE SCOPE AND DESIGN OF NPPS	1
II.	OUTLINE OF SELECTED NPPS	6
III.	CONSTRAINTS IN THE DESIGN OF NPPS	21
IV.	SUGGESTIONS FOR FUTURE DESIGN OF NPPS	38

I. THE SCOPE AND DESIGN OF NATIONAL POPULATION PROGRAMMES

1. Since the adoption of the World Population Plan of Action (WPPA) in 1974, member State Governments have been striving to operationalize the process of integrating population factors in the development planning process (IPDP) in order to harmonize their population and economic growth rates. This would enhance a higher standard of living for their people through the eradication and/or minimization of poverty, unemployment and income inequality. The International Conference on Population (1984), while reappraising the WPPA recommendations, also explicitly urged policy makers to give priority to the IPDP process.

2. The adoption of the Kilimanjaro Programme of Action (KPA) on Population at the Second African Population Conference (APC2) in January 1984 at Arusha, United Republic of Tanzania, made the IPDP process, a priority for ECA member States. The Third African Population Conference (APC3) held in Dakar, Senegal (December 1992), reiterated the fact that the KPA is a viable framework for the development of the region. By adopting the Dakar/Ngor Declaration on **"Population, Family and Sustainable Development"**, APC3 recommended, among other things, the establishment of a follow-up mechanism for an accelerated implementation of the KPA recommendations.

3. It is now generally known that to initiate the IPDP process, a country should establish a National Population Commission (NPC) to coordinate the development of the population policy as an integral part of its overall development strategy. Usually, the NPC then takes steps to establish a Population Planning Unit (PPU) with the responsibility to operationalize the formulation of the population policy. In turn, the PPU commissions task forces to draft the policy (i.e. identify the problem areas per sector; the goals, objectives and targets to be achieved; and the policy strategies). Usually several such drafts are prepared[1].

4. The next step is for the PPU to create awareness of the policy by educating the general public and responsible government officials about the raison d'etre of the proposed policy through national workshops, seminars, etc. Virtually all the ECA member States that have adopted an explicit population policy to date have utilized a model (RAPIDS II), developed by the Futures Group of USAID, to generate the required awareness of the policy.

5. Once the draft policy has been promulgated into law, the Ministries affected by the policy are usually required to evolve mechanisms for implementing the policy measures. This practice

---

[1] UNFPA, "Implications for UNFPA of the International Conference on Population, 1984", Report of the ACC Ad Hoc Task Force on the International Conference on Population, 1984, UNFPA: New York,1985. See also Ekanem, I. I., "African population policies: formulation and implementation during the 1970s and 1980s", African Population Conference Proceedings (IUSSP: Dakar, 1988), vol. 3;

has tended to place an extra burden on the Ministries in terms of required specialized staff and probably, has been partly responsible for the relative ineffectiveness of the policies in terms of realizing their set objectives. In this regard, a UNFPA review of these PPUs indicated that one of their operational problems is the failure to define clearly the conceptual framework for endogenizing population factors in the development process of countries where they have been established.

6. The said conceptual framework comprises three interrelated activities, *viz*, the determination of the population development interrelationships; the definition of the demographic objectives of the development plan using the hitherto established interrelationships; and the formulation of policies and programmes (ie. measures) to be implemented in the course of the development plan pursuant to the defined demographic objectives[2].

- Scope of NPPs

7. Based on existing databases of member States, there are those that (a) have limited and non-integrated population activities; (b) are in the process of formulating national population policies; (c) have explicit national population policies and experience; (d) have explicit national population policies and strategies (i.e. National Population Programmes or NPPs) and are implementing comprehensive, multi-sectoral and integrated programmes as integral parts of overall development strategy[3].

8. In Table 1, the list of member States classified into these four groups is presented. Clearly, only about 14 per cent of them (N = 7) have NPPs in place while 29 per cent (N = 15) have an explicit population policy. Thus only about one half of the member States (N = 22) now have an explicit population policy. This situation represents some progress compared with the situation around 1984 when there were only thirteen such states. Howevcer, whereas over one quarter of these States (N = 14) are in the process of formulating an explicit population policy, about the same proportion (29 per cent) still have limited and non-integrated population activities. These states are at varying stages of the integration continuum. There is still some confusion as to how the NPP should be designed and what its contents should be. There is also very little African experience

---

[2] UNECA, Manual for the integration of population variables into development plans in African countries (UNECA: Addis-Ababa, 1991).

[3] See UNFPA, Guidelines for Programme Review and Strategy Development, UNFPA: New York, 1991.

to draw upon, in both aspects[4].

9. Normally, the NPP comprises all activities related to the determinants and consequences of a nation's population trends and includes economic, social, demographic, biological, geographical, environmental and political aspects. It translates the policy objectives, targets and strategies into implementable actions and, ultimately, it consists of interrelated sets of activities usually grouped into projects, all aimed at achieving the overall national population policy goals and objectives. Projects themselves are the smallest units of population programming and consist of related sets of implementable activities.

- The Design of NPPs

10. It is suggested that following a formal promulgation of the population policy, an inter-ministerial committee and a multisectoral technical committee should be established to evolve an implementation plan of the policy strategies. Thereafter, the technical sub-committees on population should be established simultaneously with the design of sectoral programmes and the Master Plan for the NPP along with the launching of the NPP. This should then be followed by sectoral programme implementation, programme monitoring and evaluation. This is only a suggested time-table to indicate who should do what and when. The objective here is to avoid duplication of efforts and consequent waste of scare resources.

11. Unlike the national population policy goals, objectives and targets that are long term in nature, sectoral programmes of the NPP should be prepared for shorter time periods and hence the quantitative targets to be achieved during the plan period should be explicitly specified. This would allow for an understanding of the magnitude of work required to achieve the sector objectives during the plan period. The specification and elaboration of sector programme strategies for achieving the sector objectives should then follow. This is because it may be necessary to phase the sector strategies and activities over both time and space. In such cases, the rationale for such phasing, the criteria for selecting areas in which to initiate or intensify activities, as well as what should happen temporarily in the other areas, should be clearly indicated.

12. The specification of programme activities and support functions should be followed by the assignment of roles and responsibilities to various organs and levels of government and non-governmental organizations for the implementation of the indicated activities. A timetable for activities implementation

---

[4] For details, see Morah, B. , 'Towards designing a comprehensive National Population Programme', Paper presented at the National Conference on Zambia's Population Policy, 17 - 18 May 1989, Lusaka, Zambia.

should then be set out in as much detail as possible and a budget prepared for all activities. Any anticipated financial gaps between what is needed to carry out predetermined tasks and what is expected to be generated from both local and external sources should be indicated so that donor agencies can be approached to fill such resource gaps.

13. Two approaches can be adopted in designing the NPP[5]. In the first, each of the component sectors of the NPP can be designed independently. A task force of specialists drawn from the relevant governmental and non-governmental agencies per sector should be constituted to design the sectoral programmes. The programme for several sectors may be prepared simultaneously by different task forces, each working on a sector, or they may be prepared sequentially at different periods of time. The separate sector programmes may, in the end, be put together as the NPP. Alternatively, the various sector programmes may be issued as independent programmes but be seen as part of the over-all NPP. The former could be occasioned by funding constraint and the latter, when the sector programmes are prepared at different periods of time and there is the need to start implementing each sector programme once it is ready and approved.

14. The second approach involves bringing together all the relevant specialists in the development-related sectors (including population) of the governmental and non-governmental organizations to design the entire NPP as one group at the same time. In this case, the outlines and contents of all the sector programmes could be prepared in one long session with the participation of everyone in the group meeting together initially and agreeing upon the general perspectives and expectations per sector, before breaking up into various specialist sub-groups to work out details per sector programme. Each sub-group then presents its sector programme to a plenary for discussion, modification and subsequent consolidation. This ebales for each sector programme to take into account the inputs of specialists from other sectors and allows for the establishment of linkages between the different sector programmes while simultaneously eliminating inconsistencies and/or contradictions between various sector programmes before they are consolidated into a single NPP.

15. Regardless of which approach is adopted, it is often necessary to prepare separate programmes for each of a country's administrative regions, particularly if the country is very diverse socio-economically and culturally. The NPP generally serves as a guide for the preparation of regional programmes. Invariably, the comprehensiveness of the population policy itself, determines the nature, content and scope of the NPP.

16. In terms of scope and coverage, the main key areas that should constitute the component sectors of the NPP include statement of need or justification; past and present activities per sector; overview of proposed future activities per sector;

---

[5] Morah, B., (1989), op. cit.

restatement of sector programme goals, objectives and targets; specification and elaboration of sector programme strategies; specification of sector programme activities and support elements; assignment of roles and responsibilities; implementation schedule; budget.

17. It will be helpful to use the foregoing description as an 'ideal type' for assessing the actual operationalization of the NPP activities. The suggested details of the planning tasks for the indicated sectors can be modified to suit a particular country's situation[6].

18. The objective of this study is to assess the formulation and implementation aspects of these National Population Programmes during the 1990s. In Section III, a summary of selected existing NPPs is presented and assessed (where information permits) in terms of their formulation and implementation modalities. About 13 NPPs are included; the assessment of eleven of these [i.e. Cameroon, Ghana, Swaziland, Uganda and Zambia (1989); and Angola, Botswana, the Gambia, Zaire and Zimbabwe (1991) and Senegal (1993)] is based on actual missions undertaken within the framework of the work programme of the African Regional Population Programme (ARPP) during the 1988-1993 period. The information on the other two member States is from other sources. The focus here on procedural conformity is predicated on the expectation that the ultimate impact (of NPPs) is partly a function of the 'appropriateness of such procedures'. Section IV reviews the constraints in the formulation of these NPPs; in Section V, suggestions are made for the future formulation and implementation of NPPs.

---

[6] For the source of these suggested planning tasks, see Report of the National Workshop on Population Policy Implementation, Addis-Ababa, June 12-13 1990 (ONCCP).

II. OUTLINE OF SELECTED NPPS

19. Many member States that formulated an explicit population policy since the adoption of the KPA have modelled their policy objectives and strategies around the KPA recommendations. The NPPs designed since then have largely[7] been subdivided into sections following the 9 major areas within which the 84 KPA recommendations addressed to African governments were subsumed[8].

(i) Northern Africa

Egypt

20. To a large extent, the Egyptian NPP does include most attributes of the 'ideal type' described in the preceding section. Official efforts to reduce fertility in Egypt were begun in the mid sixties. Several development plans had been drawn up to reduce the birth rate through creating awareness of contraceptive methods and providing the necessary requirements[9]. By the 1980s, after establishing the NPC, the Government doubled

---

[7] The only modifications are occasioned by the scope and coverage of their population policies, the tendency to omit the first and last of the nine areas (ie. population and development strategy and community involvement and role of private and non-governmental organizations), the tendency to merge activities under morbidity and mortality with those on fertility and family planning into integrated MCH/FP programmes, and the expansion of activities under population information to include population education and communication (ie. IEC).

[8] It will be recalled that the Second African Population Conference held in Arusha, Tanzania, in 1984 adopted the Kilimanjaro Programme of Action on Population (KPA), which was endorsed by the Organization of African Unity and the United Nations General Assembly. The KPA had invited African Governments to give particular importance to implementing the recommendations for improving the socio-economic conditions in the region in the areas of (a) population and development strategy and policy; (b) fertility and family planning; (c) morbidity and mortality; (d) urbanization and migration; (e) changing role of women in the development process; (f) children and youth; (g) population data collection, analysis, training and research; (h) population information; and, (i) community involvement and role of private and non-governmental organizations.

[9] Egypt, 'The National Population Strategy' (The National Population Council, 1992-2007 (September, 1991);

its efforts in this respect within the framework of the 1987-1992 development plan.

21. Consequently, use of contraception increased reaching, 47 per cent by the early 1990s while the population growth rate decreased from 2.8 per cent (early 1980s) to 2.5 per cent (in the late 1980s). At the time of drawing-up the 1992-1997 Development Plan, the Secretary General of the NPC noted that the previously approved quantitative objectives of the national population policy had been achieved and surpassed. This provided an incentive for the NPC's Technical Secretariat (NPCTS) to re-evaluate the strategies and policies and to develop new strategies.

22. Under the supervision of the NPC Secretary General, the NPCTS established a working group of 77 people comprising national experts interested in the national population problem as well as technical representatives from the Ministries and different organizations. Their task was to analyse the demographic, economic, medical and other available resources and to ascertain past trends and future expectations (till 1997) in each of the nine strategy areas of the national population policy.

23. Based on the earlier NPP, there were 7 strategies in the areas of land use and population distribution: upgrading the status of women in society; labour and employment; education and illiteracy eradication; maternal and child welfare; family planning; population, information and communication. Two more strategies (ie. environment and youths) were added for the 1992-1997 period. For each of the nine areas, the problems, objectives, targets for reducing the problems, activities to reduce the problems, required legislation, organizational structure and a budget are well elaborated.

24. By implementing the defined programmes and activities, the country hopes to achieve a balance between the national socio-economic development plan and the population needs by upgrading the population characteristics, reducing the population growth rate and achieving a better geographic distribution for a prosperous future.

(ii) Western Africa

Gambia

25. In the Gambia, NPP formulation is a relatively new phenomenon. The First Five-Year Plan for Economic and Social development (1975) enunciated a single population policy strategy (i.e. the development of a maternal and child health care service). The Second Five Year Plan for Economic and Social Development (1981/1982 - 1985/1986) formed the basis for a statement on population policy with the goal of reducing

population growth rate. In October 1990, the Government organized the first National Conference on Population Policy. It was a donors' conference; it reviewed the country's economic performance during the difficult period of the 1980s and made a case for needed resources to achieve a faster economic growth rate during the 1990s[10]. Six task forces with the responsibility of preparing background papers for the draft population policy were set up.

26. At the completion of its assignment, the Second National Conference (May 1992) then reviewed the draft population policy and another round of divisional seminars also revised the draft. Thereafter, Parliament reviewed the revised population policy draft and passed same into law. It has 13 strategies - fertility regulation, MCH, education, status of women, male attitudes towards family welfare, youth and employment, environment, rural-urban migration, international migration, cultural dimension, IEC, data collection/analysis/technical capability, and legislative reform. An Action Plan for implementing the policy measures was to be prepared.

---

[10] The background document for the Donors' Conference reviewed and assessed the country's economic recovery programme (ERP) including (i) rationale for the ERP; (ii) objectives and policy packages of the ERP; (iii) economic trends and performance; (iv) issues arising from the ERP. The aim of the ERP was to check the decline in economic performance through the restoration of domestic and external financial equilibrium so as to prepare the way for sustained economic development. The constituent strategies underpining the ERP were to diversify production and exports, increase the degree of food-self sufficiency, ensure a balance between the productive base and the size/scope of the public sector, improve public investment planning and reform the credit and financial system in support of the private sector's growth. Additionally, there were sectoral reviews covering agriculture, fisheries, industry, tourism, public utilities, transport and communications, the civil service, public enterprises, the private sector, regional cooperation, population, education, health, urban development and housing, employment, manpower, training, women in development, energy, development of water resources, and the environment. Each sector review focused on constraints to development as well as objectives, strategies and measures. These were followed by a draft paper on the technical cooperation policy framework and the traditional Public Investment Programme (PIP) for the 1989-1991/1991-1992 period.

Ghana

27. Ghana is one of the oldest member States with an explicit population policy (March 1969)[11]. In May 1970, the Government launched its NPP - the Ghana National Family Planning Programme (GNFPP) with a secretariat as the coordinating department within the Ministry of Finance and Economic Planning. The GNFPP was charged with the responsibility for planning, funding, and coordinating activities of the family planning programme as well as for playing an integral role in economic planning under the leadership of the National Family Planning Council.

28. The approach adopted in implementing the GNFPP placed much responsibility on the Ministries in addition to their normal functions. The Ministry of Health provided contraceptive services; the Ministry of Information oversaw the IEC aspects; the Ministries of Education and Agriculture contributed to the information and education aspects of the policy. Private agencies - Planned Parenthood Association of Ghana (PPAG), Committee of Christian Marriage and Family life (CMFL) and the Christian Council of Ghana (CCG) - provided contraceptives and played an important role in training and public information activities. The Catholic secretariat participated by teaching the so-called natural family planning method. The MCH/FP clinics were mainly run by the Ministry of Health and some private/mission hospitals. The PPAG and CCG only ran family planning clinics while the distribution of non-prescription contraception was handled

---

[11] The target was to reduce population growth from about 2.5 per cent to 1.75 per cent by the year 2000. Overall, the Ghanaian official policy was to reduce population growth rate and natural increase through reducing fertility and adjusting spatial distribution; the target was to reduce population growth from about 2.5 per cent to 1.75 per cent by the year 2000. The measures to reduce fertility included a national family planning programme that integrates health and population counselling ; wider distribution of contraceptives; limitation of maternity benefits and child allowances up to 3 births; increased education/employment opportunities for women and rural development; the target was to reduce the TFR to 4 by the year 2000. Regarding morbidity and mortality, the policy was to reduce general and infant mortality/morbidity through nationwide networking of health-care institutions, expansion of pipe-borne water to rural areas and health-education projects; no targets were set. Regarding international migration, the policy was to maintain the low levels of immigration at the time through the Aliens Act of 1963 which was amended in 1968, the Aliens compliance order issued in 1969, establishment of the immigrant quota committee to screen applicants (1970), and the selective Aliens tax imposed in 1973. With respect to spatial distribution, the policy was to adjust spatial distribution through dispersal of industry and promotion of labour-intensive technologies.

through commercial outlets.

29. In terms of policy impact, it has been observed that over the period from 1969 to 1984, the Ghanaian national population has been growing annually at a rate of 2.9 per cent compared with the 1.75 per cent target set for the year 2000; fertility has continued to be high with TFR of about 6 compared with the figure of 4 targeted for 2000; there has been a high adolescent pregnancy rate within and outside marriage.

30. Among the factors identified as possibly accounting for the apparent lack of positive impact of the policy are lack of political will, interministerial rivalry over control of the programme; dependence on doctors working in public hospitals for the delivery system of the programme; lack of adequate funding. Ghana's first attempt at social marketing of contraceptives, which was started in 1971, fell through in 1974 due to inadequate funding; pro-natalist attitudes in the rural areas due to high IMR; and, exclusion of men from the target population.

31. There have been some recent developments to reactivate the policy implementation. Social marketing was relaunched in April 1986; the programme impact project (PIP) was launched in June 1986; a nation-wide IEC programme was funded by USAID; a project on women in development was executed by ILO; emphasis was placed on primary health care; awareness by top government decision-makers of the population-development interrelationship was raised; support from international organizations was increased.

Senegal

32. The Government of Senegal promulgated a Population Policy Declaration (PPD) into law on 28 April 1988, advocating a global and integrated approach to population problems[12]. The PPD aims

---

[12] Republic of Senegal, 'First Programme of Priority Actions and Investments for Population Activities' (PAIP), Ministry of Economy, Finances and Planning, Department of Planning, 1991.

The general objectives of Senegal's policy revolve around specific strategies in the areas of (a) mother and child health; (b) fertility and birth spacing; (c) promotion of women; (d) promotion of young people; (e) promotion of senior citizens; (f) protection of the family; (g) migration, urbanization and land use management; (h) employment; (i) studies and research; and, (j) Information, Education and Communication (IEC).

For details of the methodology for the elaboration of PAIP, presentation of different selected programmes and main projects in the process of being implemented, and coordination, execution, evaluation and follow-up of the population policy are contained in the PAIP Document: (Republic of Senegal, Ministry of Economy, Finance and Planning: Department of Planning, Summary of Projects, February 1991.

The projects include (a) National Programme of Family

at (a) improving the quality of life for all population categories; (b) better distribution of people in the national geographical area; (c) reduction of morbidity and mortality, particularly that of mothers and children; (d) reduction of fertility and population growth rates; (e) improvement in national capacities for research and training in the fields of population sciences. To date, three UNFPA country population programmes (1979-1986, 1987-1991 and 1992-1996) have been formulated. The main objectives of the PPD were in the ten areas of MCH, fertility/birth spacing, women, youths, citizenship, family, population movements/land use, employment, research and IEC.

33. Among the constraints with the implementation of the PPD was the lack of political continuity : there were three changes of Government during the 1987-1991 period; the resulting insecurity adversely affected the national staff[13]. Another was the overwhelming concentration of human and material resources in Dakar. There were also absence of information at the regional level as well as lack of region-specific measures.

34. However, to implemenmt the PPD, an Interministerial Council (comprising one group for each of the ten foci of the PPD) was constituted under the coordination of the Ministry of Plan and Cooperation to evolve "The First Programme of Priority Actions and Investments for Population Activities" (PAIP). Consistent with the aforementioned 'ideal prerequisites' for NPPs, the terms of reference for each working group was to analyse the objectives and strategies set within its field of competence in order to select important priority projects to be implemented. It was up to each group to organize its work freely and within the time limit that had been fixed. The groups evolved a programme of four

---

Planning; (b) Promotion of young people; (c) Finalization of the National Plan for Land-Use Management; (d) Functional literacy for rural representatives and Notables in Senegal; (e) Support for the Improvement of the Registration of Registry-Office Acts; (f) Functional literacy for wage earners at the lowest training level in Senegal's modern enterprises; (g) Setting up a data base on population; (h) National Programme for the Control of Maternal Mortality; (i) National Programme of nutrition; (j) Reproductive Health Research Programme; (k) Planning and development of intermediate cities; (l) Studies on the family; (m) Promotion of women in the development of Senegal; (n) Rehabilitation of Thiaroye-Gare; (o) Migratory flows and impacts of development projects on migration; (p) Rehabilitation of immigrants; and, (q) National survey on mortality.

[13] UNFPA Proposed Programmes and projects presented to the Governing Council of the UNDP at its 39th session (4 - 29 May, 1992), DP/FPA/CP/91.

main sectors with a total of 17 projects[14], each with its description, justification, progress statement, cost, schedule, government executing body and finance sought. The fifth sector is basically of a support nature for the coordination, implementation, evaluation and follow-up of the population policy.

35. The Ministry of Planning and the working subgroups held regular follow-up and evaluation meetings. Two international consultants were provided for the working groups. At the end, a workshop was organized on 17-18 February 1989 to consolidate and finalize the PAIP (i.e the NPP). This methodology favoured a plural debate and permitted the selection of precise programmes with a consensus by each working group. These projects were then presented to potential donors for funding. The donors were free to elaborate on the focus and objectives of the projects within the general framework of the PAIP.

36. The coordination role is performed by the Department of Planning and its Division of Human resources. This Department relies on the national Population Committee (CONAPOP) - a multidisciplinary committee of economists, sociologists, demographers, anthropologists, geographers, etc. The implementation of the PAIP is a joint undertaking by the Ministries of Economy; Interior; Public Health and Social Action; Equipment, Transport, Housing; National education; Youth and Sports; and Delegate for the emigrants.

37. Evaluation and Follow-up of the projects are undertaken at the sectoral and national levels. For each sector, each ministry appraises and follows up on projects under its responsibility. For the whole country, four committees perform both of these roles [i.e. Technical Committee for the follow-up of population policies and programmes (CTSP); Consultative Committee on Population IEC; Studies on research fund for population; CONAPOP and CREPOP - Regional Population Committees]. The management of financial resources for the PAIP is a decentralized activity with

---

[14] The 4 sectors were (i) IEC with four projects [support for the improvement of the Registration of Registry-Office Acts; setting up a data base on population; functional literacy for rural representatives and notablkes in Senegal; functional literacy for wage earner of the lowest training level in Senegal's modern enterprises]; (ii) MCH/FP with three projects [National programme of nutrition; national programme for family planning; national programme for the control of maternal mortality]; (iii) population dynamics with seven projects [finalization of the national plan for land use menagement; studies on the family; rehabilitation of Thiaroye-Gare; migratory flows and impacts of development projects on migration; national survey on mortality; reproductive health research programme; planning and devevelopment of intermediate cities; and (iv) special programmes with three projects [promotion of young people; promotion of young women in the development of Senegal; rehabilitation of emigrants].

each executing agency responsible for the means at its disposal.

38. Although the PAIP is to be seen as a package for presentation to Donors with a possibility of reorienting the scope and content of any of its components after funding, it would appear that the MCH/FP component dominates the 17 projects (about 47 %). Probably this underlines the proposal within the country's lattest Population Programme to update and quantify the objectives of the PPD to ensure effective monitoring, evaluation and greater involvement of the NGOs in its implementation.

39. The third UNFPA country population programme is also aimed at consolidating the institutional infrastructure for coordinating all population and development activities; supporting the regionalization process; further integrating and improving MCH/FP services; promoting an understanding of the concept of women in development (WID); and rationalizing the collection, dissemination and utilization of population information. In particular, a matrix of indicators has been conceived for the evaluation of the various projects to ensure that every project objective has a precise quantitative set of targets. The need for guidance in setting such targets is desirable.

(iii) Central Africa

Angola

40. Angola is far from formulating an explicit population policy let alone evolving the NPP. Two broad objectives of the 1989-1990 Economic Recovery Plan (ERP) of the Government of Angola which were related to population concerned the reduction of mortality and control of internal migration. The second country programme (1987-90) took account of the realities of the Angolan situation by stressing the training component in the identified areas namely MCH/FP; data collection, training and research; IEC; management training for women.

41. Despite two earlier UNFPA country population programmes, population and development planning is still at a very early stage because of the civil war which overstretched the country's resources with concomitant war refugees and an extremely very high mortality rate, particularly of infants/children and their mothers.

42. The third UNFPA country population programme envisaged (1991-1995) was to emphasize the main development constraint of the country in the post-war period, namely the development of human resources across all sectors. Its central objective was to reduce the country's rather high mortality rate, particularly of the vulnerable groups (mothers and children). The main foci were to include awareness creation of the country's population problems amongst political and mass organization leaders;

strengthening Government's institutional and technical capability for IPDP; increasing the knowledge base of population-development-related data; decreasing infant and maternal mortality as well as the incidence of teenage pregnancy; increasing MCH/FP services.

43. This third programme was to consist of six projects including (a) immunization against measles, tetanus, tuberculosis, diphtheria, whooping cough, polio, yellow fever (supported by Swedish and Italian Governments); (b) malaria control (supported by the Swedish Government); (c) tuberculosis and leprosy; (d) sleeping sickness control; (e) education against the AIDS syndrome; (f) bladder related diseases.

Cameroon

44. The UNFPA Basic Needs Assessment Mission to Cameroon in 1979 identified 6 main priority areas where assistance was required and, subsequently, funded projects in (a) assistance in improving MCH services project; (b) review and compilation of population related law project; (c) family welfare education cooperatives project; (d) family health programme project.

45. The first UNFPA country programme for Cameroon identified an orientation for population policy, created a needed organizational structure for policy development and made provision for studies on population-development interrelationships. A PPU was established in the Ministry of Planning and Territorial Management and a national seminar was organized in September 1985. The second UNFPA country programme (1987-90) incorporated projects in the areas of MCH/FP; IEC; basic data collection and analysis; population policy formulation; women and development; monitoring and evaluation.

46. In the course of the second country programme, the PPU was to constitute an inter-disciplinary group comprising task forces in the areas of population and development; health, mortality and nutrition; employment, economic activity and natural resources; education and youth; urbanization, migration and housing. Based on their reports, the goals, objectives and targets of a draft population policy was to be prepared.

47. Besides UNFPA, Cameroon also received major population related assistance from FAO-UNDP on the effects of urban development on nutrition; a five-year programme (1981-1986) funded by France and Italy to provide health personnel and volunteers for health education; and Canadian-American assistance in rural well construction, water and sanitation education programmes.

Zaire

48. Alongside the other two member States in Central Africa, Zaire has neither formulated an explicit population policy nor evolved the NPP. A draft[15] of the Population Policy had been prepared with USAID assistance as long ago as 1986 and referred back to the PPU. As at 1991, it was reported that the PPU had taken steps to ensure that government directives were met. The revised draft of the policy had (since then) been sent to the Prime Minister's Office for ratification. From there it was to be sent to Parliament where it was to be discussed at length by the Cabinet of Ministers. To foster the latter step, a four-member team was formed within Parliament and given the task of educating Parliamentarians prior to the debate for the policy approval and subsequent promulgation of the policy draft into law by Parliament.

49. It was proposed that following such promulgation, the policy document would then be discussed at both the national and regional levels to create necessary awareness. In this regard, the proposed approach was at variance with that recommended, of first ensuring grassroots approval prior to the ratification of the draft into a formal population policy by the Government.

(iv) Eastern Africa

Kenya

50. The concern of the Government of Kenya over the relationship between resources and rapid population growth is reflected in a series of concrete multi-sectoral policies and activities which started with the official adoption of a family planning programme in 1967 - the first sub-Saharan country to do so[16]. A National Family-planning Programme was established in 1967 and integrated into the MCH programme. In 1975, a five-year programme (1975-1979) was launched as the basis for expanding and integrating population variables into the planning process. Although the programme made considerable progress in IEC and MCH, it had limited success in reducing the rapidly increasing population

---

[15] The draft document was entitled POLITIQUE NATIONALE DE POPULATION, Republique de Zaire (Ministere du Plan), Comite National de Population (CONAPO), October 1990.

[16] Republic of Kenya, 'Statement Delivered' by Kamencu, Z. J. at the Third African Population Conference, 7 - 12 December 1992, Dakar, Senegal.

growth rate[17]. A National Council for Population and Development (NCPD) was established in 1982 as the over-all Government body to formulate population policies and strategies.

51. Despite region-wide adverse economic circumstances, impressive progress has been made towards harmonizing the country's population growth rate with that of its economic growth. The NPP has nine main areas including youth; children; role and status of women; the environment (climatic change, energy consumption, deforestation, biodiversity, soil loss, desertification, sanitation and fresh water supply); migration, urbanization and spatial distribution of population; mortality; and, fertility.

Uganda

52. In Uganda, owing largely to political disturbances, it was not possible to formulate an explicit population policy and evolve the NPP despite two UNFPA Basic Needs Assessment missions in 1980 and 1982. However, with the establishment of the PPU in 1989, several projects were developed including the census (1990), demographic training and research, population policy and development planning and integrated district population programme. These are national projects. Among the projects designed to cover the eight selected pilot districts were the MCH and FP service, population and family life education in the formal education system, integration of population education in women's community action programmes, etc. When fully implemented, these projects should strengthen Government's capability for population-development planning.

Zambia

53. The Government of Zambia adopted an explicit national population policy as an integral component of its Fourth National Development Plan (1989-1993) and within the framework of the new economic recovery programme. The overall goal of the policy is to accelerate national development and improve the standard of living for all Zambians. The specific objectives are to initiate, improve and sustain measures to reduce the high population growth rate; enhance health and welfare among high risk mothers and

---

[17] Among the identified causal factors were the setting of unrealistic targets, failure to endogenize population factors within the national development planning process, overestimation of government commitment to the programme, inadequate focus on programme activities that limit family size , excessive reliance on the Ministry of Health together with the inadequate role given to NGOs, cultural constraints and traditional adherence to large families, undue limitation of target groups and inadequate supplies of contraceptive devices, to mention a few.

children; achieve a more even distribution of the population; maintain and expand the population data base; promote fundamental human rights while at the same time providing information, education and communication (IEC) on number and spacing of children.

54. Thereafter, the Government decided to prepare a comprehensive NPP to guide it in the implementation of the national population policy. However, since this is an extremely demanding task in terms of both human and financial resources, it was decided that the design of sub-components of such a programme has the best potential for achieving a larger number of policy objectives and targets. It was also decided that since there is a long tradition of family planning programmes (FPP) in the country, a national FPP (NFPP) should be the first sub-component to be followed by a national population information, education and communication (IEC) programme.

55. The substance of the NFPP is divided into two parts: background and rationale for the NFPP and elements of the NFPP. The first part presents in some detail the country profile[18]; the national reaction to the demographic/socio-economic situation[19]; and, achievements and constraints of the MCH and FP situation. The second part sets out the guiding principles, objectives and targets of the NFPP; and the programme strategies[20].

Zimbabwe

56. Despite its lack of an explicit population policy, the Government of Zimbabwe has consistently recognized rapid population growth rate as an obstacle to socio-economic development. Consequently, it had undertaken a number of activities purporting to promote awareness of the implications of the malady.

57. Following the UNFPA Basic Needs Assessment (BNA) mission in 1981, the first country programme funded projects in the areas of support to national MCH/FP programme; basic data collection, analysis, training and research (including middle-level training in demography); formulation and evaluation of population policy. The second country programme began in 1989 and provided for

---

[18] This covers the geographic and administrative setting, the demographic and socio-economic situations and the implications of the demographic situation for national development.

[19] This consists of population-related activities and the national population policy (its goals, objectives, targets and implementation strategies).

[20] For details, see Republic of Zambia, National Family Planning Programme: 1992-2000, July 1992 (Draft).

projects in the areas of MCH/FP; data collection and analysis; and, population dynamics.

58. As there is currently no PPU responsible for formulating an explicit population policy in the country, very little can be derived therefrom in terms of the modalities of population policy development for other member States. This is not to underestimate the significance of the emphasis that the country places on the roles of community involvement, women, children, youth, and Parliamentarians in the development process.

(v) Southern Africa

Botswana

59. With regard to Botswana, note should be taken of the practice of consultations within and between all sectoral Ministries prior to the preparation of the final draft of all development plans including the latest and seventh National Development Plan (NDP7) covering the period 1991-1997. Operationally, these consultations imply that each sectoral Ministry is mandated to prepare a "Keynote issue paper" that highlights the unique problems of the sector in relation to population. These drafts are then discussed and amended within and between the sectoral Ministries. The final versions of the drafts are then consolidated by the Ministry of Finance and Economic Development as a final Draft of the Development Plan (eg. NDP7).

60. This *modus operandi* for preparing a development plan taking population into account, in a way, is not only spectacular but also synonymous with the suggestion in the " ECA Guidelines for IPDP" that a unit within a member State's planning machinery should provide the sectoral Ministries with 'guidelines' to enable them to identify their population related problems during the plan period and analyse same carefully with the goal of ascertaining the interrelationships between the two.

61. The responsibility for providing such "guidelines" to the sectoral Ministries rests with the existing interministerial programme steering committee on population and development within the Ministry of Finance and Economic Development. The indication is that the latter acts like a "post office" in the sense of receiving the "drafts" of the sectoral ministries, circulating them and consolidating the various comments. This strategy is worthy of emulation by other member States which are relatively are at the same level of population policy development.

62. It is the intention of the Botswana Government to formulate the population policy first before putting into place the institutional framework for its implementation. The macro-economic section of the Ministry of Finance and Economic Development would be entrusted with the task of coordinating the

formulation process of the policy. This approach also differs from approaches existing in other member States.

63. What is also unique about the Botswana situation is the dramatic decline in the country's total fertility rate (TFR) from 6.5 in 1984 to 5.0 in 1988 along with a rather high prevailing level of knowledge regarding modern family planning methods (about 95 per cent). Additionally, whereas the country's population was growing annually at about 3.4 per cent, per capita GDP was growing at about 8.8 per cent.

64. Clearly, the main thrust of the population policy envisaged for the country would be to induce a more egalitarian distribution of income. Admittedly, the rapid economic growth is largely attributable to growth in the mineral sector but the forces underlying the declining fertility level are not readily obvious. A careful appraisal of this development is needed to guide other member States.

Swaziland

65. Following a UNFPA Basic Needs Assessment mission to Swaziland in 1980, several projects were funded in the areas of civil registration, census, demographic training and research, law and population and IEC. Besides UNFPA, *ad hoc* assistance in the area of population was also provided to the Government by several donor agencies including the IPPF, UNICEF, USAID and WHO. UNICEF's project focused on expanded immunization, diarrhoeal disease control, nutrition/growth monitoring, etc; the USAID projects included a PHC survey; control of water-borne/ childhood communicable diseases; and supply of contraceptives. The WHO projects provided grants and technical expertise to support health-planning exercises, research on population-related subjects, training in public health and family planning, etc.

66. As at 1989, all these and other projects failed to foster population policy development in the country largely owing to the Swazi laws and customs; the sizeable dominance of Catholics within the Christian community; and the feeling that it is no use formulating an explicit policy that may not be implemented due to these other considerations. The apparent scepticism about prospects for developing a population policy for the country represented the more traditional stance within the Government structure. The more modern position contended that there existed a general Government commitment at the highest level to formulate and implement a population policy to contain the very high and rapid population growth rate.

67. Given these and other considerations, the UNFPA's first country programme (1988-1991) sought to enhance the capacity of the Department of Economic Planning and Statistics, as the central coordinating office of the Government, to coordinate the activities of the various projects in order to highlight the multi-sectoral nature of population and enable optimum

utilization of available resources. The projects of the country's first CNPP included (a) strengthening of national MCH/FP services; (b) family life IEC services in the non-formal sector; (c) in-depth analysis of census and civil registration data; (d) training in demography; (e) integration of population factors into national planning (f) women, population and development; (g) monitoring, evaluation and management.

68. Available information indicates that since 1989, the Parliamentary Committee had organized a conference on Population and National Development (from 14-16 August 1990) and recommended that as a matter of urgency, a National Population Commission (NPC) be created, composed of all relevant Government Ministries, NGO's parastatals and media houses to (a) draft a population policy; (b) collect and disseminate information on the on-going population related activities undertaken by various agencies and institutions; (c) coordinate population activities; (d) create special committees to address specific population activities. The Conference directed that a working committee be established by the Parliamentary Committee to assist the NPC in these tasks.

III. CONSTRAINTS IN THE DESIGN OF NPPs

69. Despite the increased number of explicit population policies formulated (and associated NPPs designed) since the KPA, fertility is still high in most member States of the region. There are problems as well, with effecting desired declines in mortality levels and rural-urban in-migration rates; ensuring effective roles for women in development; implementing suggested programmes affecting children and youths; providing adequate data and information for the development of population policies; ensuring an increased role of non-governmental organizations in the development of such policies; and putting into place the necessary national focal points for the collation and dissemination of population information to operationalize the process of integrating population factors into development plans. All these are indicative of a rather low implementation rate of the KPA recommendations.

70. In the area of **population and development planning strategy**, the KPA called on member states to regard as a priority, the IPDP. The question is: how far have member states gone in this respect ?. It is to be noted that since the adoption of the KPA, the region has witnessed a changed socio-economic environment characterized by severe and unprecedented economic hardship. In the face of the resulting structural adjustment programmes (SAPS), long term perspective planning (a prerequisite for IPDP) has virtually been halted in most member states.

71. Nevertheless, there has been a significant increase in the number of countries that have formulated national population policies. Of the 27 countries that responded to the Country Questionaire for APC3, about 13 reported having developed an explicit population policy (ie. about 50 per cent).

72. There has been an increased preference within the region for a slower growth rate of the population. This change is largely a sequel of findings from demographic data analysis; enlarging capacities to develop national population policies; legal reforms; awareness creation programmes through national seminars, conferences and workshops on population and development; and, impact of assistance from the African regional population programme and related sister agencies.

73. There are still gaps between perceptions of various population growth components and associated desirable actions. Population policy development is a difficult process. Additionally, the formulation of the population policy, though necessary, is not a sufficient prerequisite for inducing declines in fertility levels. There are still problems with mastering the skills for IPDP given the reported number of difficulties with the IPDP process. Most of the efforts in policy development are directed at infrastructural and training activities.

74. About 23 of the 27 respondents to the APC3 Country Questionaire (ie. about 85 %) have put in place an Agency for

IPDP. Three of the 23 respondents reported having trained personnel in all the fields of data collection, data processing, data analysis, socio-economic planning, population- development interrelationships, population projections, modelling and use of micro-computer in planning. Whereas 7 respondents (26%) had no experts at all, about 16 (59%), 12 (44%) and 11 (41%) respondents had experts in data collection, data processing/socio-economic planning and data analysis/population projections respectively.

75. The main gaps (in IPDP) are that the modalities of the conceptual framework are inadequately understood; and, the desideratum of establishing national focal points for collating and disseminating population-development information required by the IPDP process has not equally been given adequate attention. There are still problems with implementation of the policy measures.

76. It will be recalled that as far back as 1974, the four main reported difficulties with IPDP were lack of data and trained personnel, inadequate knowledge about the IPDP methodology and insufficient sensitization of planners and policy makers about the need for IPDP. Almost all the 27 respondents to the APC3 Country Questionaire still included the same four difficulties with an addition of three new ones - finances, SAPs and lack of a plan. By implication, either there are obvious gaps in the existing training and ongoing programmes in population and development (national, regional, global) or the number of trained personnel is still small relative to needs holding constant the high turnover rate of trained personnel. Based on these, there is a strong case to reorient the curricula of the various training programmes in Population and Development Planning at the Regional Training Institutes and in the member States, to emphasize these reported gaps in available expertise needed to operationalize the IPDP process.

77. With respect to the institutional framework required for the formulation of explicit population policies and/or the NPPs, the effectiveness of the PPUs is connected with the priority assigned by the member-State Governments to population issues as well as with the professional prestige of the staff and the political influence[21] of the Chairman for the NPC. These elements affect the extent to which PPUs can interrelate with and coordinate other sectoral Ministries' population-related activities. PPUs should be located in an arm of the Government that has core responsibility for formulating and monitoring national development plans, hence, the mandate to interact with other parts of the Government, NGOs and private sector.

78. The formulation of the NPP requires the collaborative efforts of policy-makers from a broad cross-section of public-

---

[21] Lucas, D., "Comparative evaluation of UNFPA support to population and development in Sub-Saharan Africa region", Preliminary Regional Report , ILO: Geneva, 1988.

and private-sector organizations responsible for population-related programmes to translate the policy strategies into specific policies, programmes and projects for which individual organizations are responsible. In collaboration with the PPU and under the general direction of the NPC, the Multi-Sectoral Committee for Population Policy Implementation should, among other functions, be responsible for the IPDP process; assist the PPU in monitoring programme implementation through feedback of information on programme experience and assessment of programme impact; dissemination of information and research findings; influence resource allocation within the public and private sectors.

79. In the KPA area of **Fertility and family planning**, despite the increase in number of explicit policies, fertility levels are still high in most member states because these policies lack infrastructure and personnel; are concentrated on women and the urban areas; and, are influenced by the high illiteracy levels and infant mortality and the low status of women. Over 60 per cent of the 27 respondents to the APC3 Country Questionaire desire to lower their fertility levels.

80. Integrated MCH/FP programmes are by far the most favoured component of NPPs for influencing fertility reduction in the region. This suggests the prevailing poor health facilities for mothers and infants in virtually all the 13 member States. To be successful, the management of these programmes should be based on setting targets for the service points of the programme, and on a cost effectiveness analysis of programme options. This involves arriving at the most rationale decision regarding modes of service delivery (clinic-based services, community-based delivery, social marketing and regular commercial distributions) and contraceptive methods employed in order to ensure accessibility of services and to achieve the highest possible contraceptive prevalence in the shortest possible time[22].

---

[22] Nafis Sadik (Ed.), Population Policies And Programmes: Lessons Learned from Two Decades of Experience , UNFPA: New York University Press, New York, London 1991. See also, Nafis Sadik, "Remembering youth worldwide: the global impact of too-early Childbearing", Statement at 10th Anniversary Conference of the Centre for Population Options, Washington D.C., 24 September 1990. See also various Papers prepared for the UNFPA's International Forum on Population in the 21st Century, Amsterdam, 6-9 November 1989, A/E/BD/3/Reg.1 including (a) "Population policies and programmes in the sub-Saharan Africa Region"; (b) "Sectoral Paper : MCH and FP"; (c) "Sectoral Paper: Population IEC"; (d) "Sectoral Paper: Policy Development Process"; (e) "Population policies and programmes in the sub-Saharan Africa Region"; (f) "Review and assessment of population programme experience: summary"; (g) "Policy implications of the UNFPA review and assessment of population programme experience". See also Shaw, P. R., "Rapid population growth and environmental degradation: ultimate vs proximate factors", Environmental Conservation, 16(3), 1989, pp. 199-208.

81. The factors that seriously affect the service delivery are largely macro-environmental. They include political commitment, legislation, receptivity to family planning, nature of government organizations, degree of socio-political stability as well as geography, infrastructure and budgetary support. The most serious of these is funding because the formulation and implementation of NPPs is very expensive.

82. Besides funding, there are also religious and socio-economic and cultural difficulties. The influence of religion is still strong in several States. On the one hand, the Catholic Church, which still opposes the use of modern forms of contraception, is a negative factor in Zaire; on the other hand, in countries that are predominantly muslim (eg. Sudan), it is a positive factor[23]. However, the religious basis for opposition to family planning programmes has weakened somewhat because of the series of sensitization seminars and workshops for muslims and Protestant religious leaders in the wake of awareness creation for the population policy drafts.

83. The social system in many member States still places great importance on male children. Because polygyny is still practised, the status of women tends to be linked to the number of children they have. Together, these considerations contribute to large family sizes. The various forms of social security schemes (eg. social insurance, provident fund, employer liability, etc) existing in some member States (as well as the types of risks covered, the coverage of the population, methods of financing and problems in their administration) have so far been unable to contribute much to social development in the region[24].

84. For one thing, it is difficult for the governments to extend the schemes to those most in need (i.e. the vast mass of non-wage earners made up of poor peasants without the means of financing their protection). The signs are that any attempt to extend existing schemes prior to major internal reforms would prove meaningless. Provident funds, workmen's compensation, public servants compensation and social insurance schemes - all suffer from inflation, mismanagement and poor investment (particularly in French-speaking Africa). However, with urbanization, there is a transition from traditional to modern family planning. Better health care and technological advances are helping to reduce

---

[23] Wulf, D., 'The future of family planning in sub-Saharan Africa' International Family Planning Perspectives, vol. 11, No. 1, March 1985.

[24] UNECA, 'Study on social security systems and national development in Africa', Paper presented to the sixth Meeting of the Conference of African Ministers for Social Affairs, Addis Ababa, Ethiopia, 18-23 May 1992.

preferences for large family sizes in some States. Still many other constraints hinder contraceptive acceptance and use.

85. Despite the enormous problems faced by adolescents, limited progress has been made in rendering family planning services to that age group. Most family planning programmes have been designed primarily on a "female-to-female basis for counselling, education and services". Males have been given relatively little attention. Although some studies show that males play a significant role in making decisions on use or non-use of contraceptives, programme experiences regarding their involvement in family planning programmes have been limited. Indeed male resistance has been known to hinder the progress of family planning programmes.

86. Other issues which constitute special challenges to effective MCH/FP programmes in terms of effecting fertility reduction include abortion, sexually transmitted diseases (STDs) such as AIDS, and infertility. One of the challenges to be faced by family planning programmes is to address the problem of infertility, particularly in countries where infertility is high (for example, in parts of Central Africa). The serious health problems of induced abortion has also been a matter of great concern. In some member stateS, complications of induced abortion account for a large number of maternal deaths.

87. About 300 per 1000 children in the region die annually before age five, because the target populations are largely rural and unfamiliar with organized health services. In many instances, the intended beneficiaries of immunization programmes neither understand nor accept the need for preventive measures; effective communication between the health professionals and their target population is often not achieved and where they are, strategic and logistic problems remain. In sum, existing coverage of the programmes in some of the member States is low.

88. Regarding the KPA area of **mortality and morbidity**, the levels of infant, childhood and mortality are still high in the region principally due to the low status of women; socio-cultural and traditional practices favouring high fertility; poverty; poor nutrition for pregnant mothers; low female literacy; relative inaccesibilty to good quality health care; and, underfunding/poor management of health services despite several Declarations.

89. Nonetheless, 23 of the 27 (ie. 85%) respondents to the APC3 Country Questionaire, (i) identified specific age groups whose mortality levels are of particular concern to the government namely ages 0-1, under 5, females 15-49, pregnant/nursing mothers; and, (ii) reported as having adopted special measures to prevent/reduce the spread of AIDS.

90. The under 5 age group is an indicator for the control of childhood diseases; the 0-1 age group provides targeting for immunization; and, the 15-49 pregnant and nursing mothers are relevant for the operation of MCH clinics and the reduction of maternal mortality rates. The reported AIDS measures include IEC,

bloodtest, epideomological survelance, creation of committees (research, preventive, curative activities), establishment of national control programmes, screening of vulnerable groups, and strengthening of management organizations.

91. However, a lot is being done by member states to effect further reductions in levels. Expanded programme on immunization (EPI) had risen from 20% (1985) to 56% (1990); and a sizeable proportion of the member States (about 48%) have adopted quantitative targets to reduce mortality, morbidity and IMRs. However life expectancy at birth estimate of 56 years for 2000 is still short of the target of 60 years set by the International Conference on Population (Mexico City, 1984); the corresponding IMR estimate of 103 is very much short of the 120 target. These are challenges for the region.

92. Regarding the KPA area of **Urbanization and migration**, member States still regard maldistribution (particularly the disproportionate concentratiion of their urban population and development projects in a single or at most two metropolitan areas) as the most serious of their population problems.

93. At the fifth United Nations Population Inquiry (1987), a number of African governments viewed the 'irrational' distribution of their national populations rather than the rapid population growth rate as the demographic obstacle to development. At the time, not a single one of them considered its pattern of population distribution as satisfactory. According to the sixth UN Monitoring Report (1991), only 13 per cent of the countries considered their population distribution to be satisfactory. Therefore, some of the States have adopted policies to modify their population distribution trends.

94. Ironically, of the 27 respondents to the APC3 Country Questionaire, only 15 governments (ie. only 56%) indicated having adopted a policy [6 explicit (ie. Burundi, Cameroun, Egypt, Madagascar, Morocco, Sudan) and 9 implicit (ie. Algeria, Benin, Burkina Faso, Djibouti, Guinea Conakry, Niger, Senegal, Uganda and Zaire) to modify their population distribution. Among the 6 intended explicit goals solicited [changes between rural, urban, rural-urban, regions, population and resources (better balance), and other], the modal preference (about 80% of the 15 responding governments) indicated was a change to achieve better balance between population and local resources. The second preference was a change between regions and the next was between urban/rural urban areas.

95. The typology of internal movements within ECA member States has been broken down into rural-rural, urban-urban, rural-urban and urban-urban[25] groupings. These four-fold migration patterns

---

[25]24. Prothero, R. M., "Characteristics of rural/urban migrants and the effects of their movements upon the composition of population in rural and urban areas in sub-Saharan Africa", Proceedings of the World Population Conference (Belgrade, 30

pose four different population distribution problems in the region: disproportionate size and growth rate of the capital cities; diminutive size and growth rate of the difference between total urban and capital city populations; proportion of urban to total national population; and the configuration/density of the rural population within the national territory. The first of these is by far, the most visible population problem in the region; it underlines both the enclave nature of development and prosperity/pauperization of large areas of the countryside. On the one hand, while rural-rural movements constitute the bulk of these flows, rural-urban migration, is, in terms of effects on development, the most important. On the other hand, the urban-rural migration phenomenon has gained considerable eminence calling for concerted action in terms of resources required for rural development.

96. The population redistribution policies adopted by ECA member States to address these problems have generally been ineffective in redistributing the population largely because they are predicated on a relatively inadequate information base; they persist on economic structures which reflect a dependent situation *vis-a-vis* the international economic system; the development planning scenario overemphasize the growth in GDP rather than the more fundamental socio-economic transformation based on the effective mobilization of the entire population and total resources within the national territory; and their weak policy formulation together with inefficient coordinating machinery.

97. On the KPA area of **women in development (WID)**, member States have enacted reforms to ensure equality of sex opportunities while participating in the process of socio-economic development. They have also established professional associations, cooperatives, religious organizations, mutual help societies to conduct research, training workshops, etc. By 1989 about half of the countries had ratified the UN convention on the elimination of all forms of discrimination against women.

98. Of the 27 respondents to APC3 Country Questionaire, 63% (N= 17) had adopted various measures relating to WID particularly in the areas of (i) education (increased opportunities for female higher education, family life education, IEC re use of modern

---

August- 10 September 1965), vol. iv. United Nations Publication, Sales Number 66.XIII.8, PP. 523-26; Mabogunje, A. L., "Effectiveness of population redistribution policies: the African experience", International Population Conference, vol 2, Solicited Papers (Manilla: IUSSP 1981), pp. 527-4; Richardson, H. W., "Defining urban population distribution goals in development planning" in Population distribution policies in development planning (United Nations: New York, 1981), Sales No. E.81.XIII.5, pp. 7-18.

contraception, etc.); (ii) employment (increased female access to employment, increased income generating opportunities, self help projects, etc.); (iii) marriage (increased age at first marriage, EPI, MCH/FP, etc.); (iv) inheriance and property; (v) the establishment of Ministry of Female Affairs to promote WID; and, (vi) improved data base on women.

99. Of the 17, eleven (65%) have enacted recent legislation encouraging greater involvement of WID. While some governments have processed a decree on WID, others have legislated to establish of female cooperatives, promote or revise family code, reduce tax on female incomes and permit access to female participation in politics, among others.

100. To assist member states in these efforts, all UN Agencies (since the 1970s and even prior to the KPA) have been mandated by their Governing Councils to introduce WID as a priority in their work programmes. ATRCW (at ECA) has promoted African women enterpreneurship and their access to credit. Some NGOs have evolved a Plan of Action in liason with the UN and governments to promote safe motherhood. Additionaly, the UN Decade for women (Copenhagen World Conference in 1980), the Arusha Strategies for the advancement of women (1984) and the Nairobi Foward-Looking Strategies for the Advancement of Women (1985) have been convened to foster progress in WID activities.

101. And yet, in spite of the United Nations Convention on the elimination of all forms of discrimination against women, discrimination still continues in all fields affecting their status, role and life. The various programmes to promote WID face structural problems since national machineries are inadequately financed and are not located at a sufficiently high position within government. Hazardous practices still prevail as well as wide gaps in technologies for reducing women's workloads (in agricultural production, storage and processing). There is also lack of data on women to assess the progress in their involvement in development.

102. The main factors accounting for the high infant, childhood and maternal death rates as indicated in the NPPs in the region are reported to be the generally underprivileged status of women; those socio-cultural factors and traditional practices that favour high fertility; poverty; poor nutrition of pregnant mothers; low rates of female literacy; and low/inequitable access to good quality health care[26].

---

[26] UNECA, Advancement of African women: forging a strategy for the 1990s , Abuja workshop on mobilizing the informal sector and NGOs for recovery and development: policy and management issues, Abuja (Nigeria), 3-7 December, 1990. See also, United Nations, "Women in development awareness raising: lessons learned in technical cooperation", Expert Group Meeting on Population and Women", Gaborone, 22-26 June 1992.

103. Following the adoption of the KPA, many member States enacted reforms (within their NPPs) to ensure equality of opportunities for both sexes while participating in the economic and social life of the society, particularly in such areas as employment, maternity leave, marriage, inheritance and property, education and constitutional rights. Government programmes were implemented in the areas of immunization, primary health care (PHC), MCH and FP. Concerning law and legislation, for example, about 49 per cent of ECA member States had by 1989 ratified the UN Convention on the Elimination of All Forms of Discrimination against Women. A number of States had also established grassroots organizations such as professional associations, cooperatives, religious organizations, mutual-help societies, informal women's groupings and general purpose women's organizations to conduct research and training workshops and to implement specific organizational objectives.

104. Despite these changes, only modest gains have been made in the area of female participation in politics and in the holding of key positions both in government and in the private sector. There have been several constraints. The programmes face structural problems since national machineries are inadequately financed and not located at a sufficiently high level within government. Many states have yet to adopt a national policy on WID. There is a lack of data on women to assess their role in development. In the area of health, hazardous practices (e.g. early marriage and pregnancy, female circumcision), still prevail. There still remain wide gaps in technologies developed by research institutions for reducing women's workload (in agricultural production, storage and processing).

105. For about eight years after the Nairobi Forward Looking Strategies (NFLS) and the establishment of women units within government machineries, programmes for raising women's status (where they exist) remain generally weak, imperceptible and lopsided. In spite of the United Nations Convention on the Elimination of All Forms of Discrimination against Women (i.e. *de jure* equality), *de facto* and *de jure* discrimination continue. *De facto* discrimination, particularly with respect to marital and family status, persists despite legislative actions.

106. At the national level, there is a need for (a) review and updating of existing legislation; (b) establishment of appropriate government bodies to monitor the changes emanating from the adoption of new laws affecting women and children; (c) organization of legal education for school children on the rights and status of women in formal and informal sectors; (d) use of the media for interpreting legal provisions in such a way that they are understood by the vast majority of the common people particularly as the latter are largely illiterate and comprise women; (e) strengthening of sanctions for crimes committed on sex grounds; (vi) organization of all types of research to determine the real status of women in society. These recommendations were discussed at the sixteenth session of the ECA Conference of Ministers of Planning and Economic Development noted earlier.

107. Most women and men are aware of women's legal rights or understand the legal and administrative systems through which they must be implemented. For example, to foster greater involvement of WID, a suggestion has been made for organizing International Advisory and Training Services so that participants from member States could share experiences with regard to bringing their national legislation on the status of women into line with international standards[27]. Measures are lacking with respect to effective implementation and enforcement of such and other suggestions.

108. Concerning the KPA area on **Children and youths**, available statistics indicate that as at 1990, about .122 billion Africans were youths aged 15 to 24. The task of giving such a large number of young men and women every opportunity to develop their full potential, to participate in the community and society and to be free to make choices, is indeed an arduous one[28].

109. Accordingly, the international regional meeting on the International Youth Year: Participation, Development and Peace (IYY), held in Addis-Ababa from 20 to 24 June 1983, adopted the African Regional Plan of Action on Youth (ARPAY). Held just before the adoption of the KPA, the main objective of ARPAY was to promote effective measures in African countries for the active participation of youth in all aspects of national development through comprehensive and coordinated national youth policies and programmes.

110. Three implementation phases in these activities were envisaged. In phase one (i.e. up to year end 1984), member States were called upon to establish coordinating structures, bodies or organizations (if non-existent) while at the same time undertaking a diagnosis of the youth situation through studies, surveys and research, restructuring youth participation in development on the basis of data during the diagnostic stage, and formulating youth policies and programmes. In phase two, they were to review and consolidate the progress of activities in phase one. Phase three (1986-95), which called for the adoption

---

[27] UNECA, 'Population issues for ECA member States during the 1990s', Paper presented to the sixteenth Meeting of the Conference of African Ministers of Planning and Economic Development, Tripoli, Libya, 15-19 May 1990. See also, United Nations, World Population Trends and Policies: 1987 Monitoring Report, United Nations: New York, 1988; World Population Monitoring Report 1991, United Nations: New York, 1992.

[28] UNECA, "Implementation of the African Regional Plan of Action on Youth", ECA/OAU/AMSA.V/1; UNFPA, "Note on youth, population and development", UNFPA Consultation on youth, population and development, New York, 10-11 October 1991. Mimeograph; UNESCO, 'SPECIAL MINEDAFVI', Quarterly Journal of the Regional Office in Dakar, October 1991.

of youth policies and programmes beyond IYY, coincided with APPER (1986-1990) and UN-PAAERD (1986-1990).

111. During the first phase, most member States had set up structures for monitoring youth activities (eg. Ministries of Youth and Sports, Social Affairs, Labour and Employment or Community Development; youth wings of political parties; youth associations and national youth councils). About 36 countries created specific national committees to coordinate IYY activities[29]; some of these became permanent structures. While some promoted employment opportunities for their youths in the rural areas particularly in agriculture, others made modifications in their educational and training systems. Still others stepped up their programmes relating to health and nutrition and organized various cultural, sports and recreational activities.

112. Virtually all the 27 respondents (N = 26) to APC3 Country Questionaire, affirmed having adopted special measures and programmes aimed at meeting the needs of children and youths. Of these, about 23 governments (almost 90%) had expanded educational and vocational training facilities for their youths as well as adopt programmes to reduce infant/childhood mortality; 18 governments had introduced population and family life education into their formal and vocational training simultaneous with enacting laws on the rights of the child.

113. And yet, there has not been any significant improvement in the provision of basic education since 1984; in some cases, there has been a decline. There are imbalances as well, in the distribution of educational facilities, high illiteracy, unequal educational opportunities by sex, declining educational standards, loss of motivation among teachers and students, failure to strike a balance between the established curricula and the social, cultural and economic needs of youths, the excess number of graduates in relation to absorptive capacity of the labour market and lack of relevance. There has been no follow up of the second phase let alone the third.

114. Since the KPA, the provision of basic education in member States has been declining. The problems with this declining school enrolment vary from lack of educational facilities in some States to imbalances in their distribution (urban-rural), scarcity of resources, high illiteracy, unequal opportunities, declining standards, loss of motivation among teachers and students, failure to strike a balance between the curricula taught and the social, cultural and economic needs of youths, the surplus number of graduates produced in relation to the absorptive capacity of the labour market and their lack of

---

[29] These include Algeria, Egypt, Morocco and Tunisia (in northern Africa); Ghana, Liberia, Mali, Niger, Nigeria, Senegal (in west Africa); Ethiopia, Kenya, Mauritius, Rwanda, United Republic of Tanzania, Zambia (in eastern Africa).

relevance. The use of national languages in teaching, the spread of science and technology teaching and the relationship between education and the world of work are all areas where the problems of relevance are highlighted by the gap between theory and reality.

115. Concerning the KPA area on **data collection, analysis, training and research**, there has been a significant improvement both in quality and quantity. Research is important as a basis for determining the population development interrelationships required for deriving the demographic objectives for inclusion in the development plans together with the associated policies and programmes[30].

116. Besides the increased number of countries participating in the census rounds, coverage and scope have widened. Virtually all the 27 respondents (n = 26 or about 90%) to APC3 Country Questionaire, affirmed having undertaken a census during the 1980 round of censuses while 17 (or about 60%) had done so during the current 1990 round of censuses.

117. However, in the wake of the lack of effective statistical organizations, the lag between census regularity still falls short of the KPA stipulations. Other related issues include the ineffectiveness and improper definition of the roles of census committees, lack of financial provision for analysing data and of interest in other census operations beyond data collection.

118. The vital statistics and civil registration systems suffer from inadequate allocation of funds by the national governments, lack of motivation on the part of the public, problems connected with registration officials, administrative management and difficulties encountered in the rural areas. For instance, of the 27 respondents to the APC3 Country Questionaire, 25 governments affirmed compulsory civil registration (by law) but 11 of these (about 45%) had near zero coverage; the range being from 25 to 99 per cent among those with some coverage. With death registration, the range was between 5 and 100 %. Very few systems covered marriage and divorce events. Although a large number of

---

[30] UNECA, (i) Report of the Regional Training Workshop on Demographic Estimates and Projections, 15-29 July 1985 held at RIPS (Accra), Ghana, vols I and II, UNECA: Addis Ababa, 1986; (ii) Guidelines for IPDP for ECA member States(1988), E/ECA/PSD.5/41; (iii) Guidelines on improving delivery and evaluation on family planning programmes in African countries, ECA/ POP/ TP/ 91/ 2[1.2(ii)]; (iv) African Population Studies Series, Nos. 1 to 10; (v) "Population policies for ECA member States during the 1990s", E/ECA/CM.16/10; (vi) United Nations, Projection Methods for IPDP, vol.1, Conceptual Issues and Methods for preparing Demographic Projections, United Nations: New York, 1989, and vol. II, Methods for Preparing School Enrolment, Labour Force and Employment Projections , United Nations: New York, 1990.

member states have been involved in strengthening and improving vital statistics and civil registration (VS/CR), the majority of countries that have attained reasonable nationwide VS/CR coverage are basically small-island countries and a few others such as Algeria, Egypt, Tunisia and Libya.

119. Overall, population censuses and sample surveys still remain the two main sources of demographic data information in the region with vital registration still lagging behind. Following the backstopping and technical roles of a number of initiatives at the international level (particularly the African Statistical Programme and its Advisory Services in Data Collection and Demographic Analysis, DTCD and the United Nations Statistical Office), demographic data collection (from these sources) as well as the analysis of such data and the utilization of findings therefrom in population policy development have improved significantly since the KPA[31].

120. Concerning training and research, to meet the needs for demographers and other social scientists in the planning Ministries, statistical offices and parastatal organizations, several member States are establishing or strengthening training centres that offer courses in population and development in their universities. Additionally, these States have undertaken studies on the relationship between law and population for the purpose of developing appropriate policies and programmes. These national efforts are supported by the Regional Training Institutes (RIPS, IFORD, CDC, IDEP) and the global programmes of training and research in population and development (eg. Louvain-la-Neuve, Belgium; the Institute of Social Sciences, The Hague, Netherlands; and, the Centre of Development studies, Trivandrum, India).

121. The indication is that in the wake of SAPs and the lack of effective statistical organizations, census regularity, despite some improvement during the 1980-1990 rounds relative to the 1970-1980 rounds, still falls short of the KPA stipulations and

---

[31] UNECA, "Review of demographic data collection, processing, analysis and dissemination during the period 1982-1987: issues and problems", Fifth Session of the Joint Conference of African Planners, Statisticians and Demographers, Addis Ababa, 21-28 March 1988, E/ECA/PSD.5/38. See also "Report of the Working Group on Recommendations for the 1990 Round of Population and Housing Censuses in Africa, E/ECA/CPH/10; "ECA Population Priorities"; "The list of African countries which conducted population censuses in the 1970, 1980 and 1990 rounds of population censuses by year of census", May 1992; "Demographic data collection, analysis and dissemination in Africa, 1982-1991: achievements, drawbacks, implications and recommendations"; and, United Nations, "International programme for accelerating the improvement of vital statistics and civil registration systems", prepared by UNSO, WHO (International Institute for Vital Registration and Statistics, New York 1989.

further complicates the age old lag between need and availability of data for planning. Besides, data collection agencies have been faced with the need to increase data coverage, maintain data collection frequencies, constantly review data collection methods, increase emphasis on data collection evaluation programmes, redouble efforts to improve data quality, undertake in-depth data analysis, ensure timely release of census results and disseminate findings and implications as widely as possible.

122. Lack of managerial skills caused by the absence of detailed documentation on past census activities (mainly administrative and organizational) and failure by many statistical offices to establish efficient machinery to plan and conduct censuses constitutes yet a second problem area regarding censuses in the region (e.g. limited publicity, underestimation of quantities of required materials). A third problem area is the ineffectiveness and improper definition of the roles of Census Committees. The Cartographic Units established for previous censuses were not maintained following census enumerations; this implied absence of intercensal mapping activity.

123. There is also a lack of formal quality control and, indeed, training programmes were not sufficiently extensive in some of the States; furthermore, there were no field exercises. Yet another important problem is that whereas field operations and data processing usually have allocations for daily allowances and overtime payments, no such financial benefit is provided for analysing data. General fatigue follows data collection and with no incentive available, there is little interest in carrying out the operations beyond data collection. Much remains to be done to ensure fuller utilization of data for the development of population policies and programmes.

124. Three problem areas have been raised in relation to improving the potential of sample surveys as a planning input, namely, the type of survey programme best suited to the region (i.e. whether *ad-hoc* or integrated surveys); the choice between single- and multi- round surveys; and the relationship between demographic surveys and other national data collection activities. The main problems of the VS/CR system relate to inadequate allocation of funds by national Governments, lack of motivation on the part of the public, problems connected with registration officials, administrative management and difficulties encountered in the rural areas (particularly their inaccessibility and the dispersed settlement pattern). Although not much progress has been made, a number of member States have shown interest in developing the VS/CR system since the KPA by formulating funding projects.

125. On the KPA area of **Information, Education and Communication (IEC)**, it is to be noted that until the adoption of the KPA (1984), some member States were unfavourably disposed to population programmes; pockets of resistance still exist. Over the years, the scope of information needed for the development of population policies and programmes in the region has broadened, largely as a result of national programmes that

require information on such development indicators as health and environmental stress.

126. For instance, when the projected global population reached the 5 billion mark (11 July 1987), UNFPA instituted the tradition of designating a'national day' to mark the event. Through UNFPA Country Directors, member States (annually) designate a date (around 11 July) during which they organize lectures to generate increased awareness about the national population problem and the need to take action. Additionally, UNFPA has supported the publication of periodic Newsletters for media use as well as audio cassette transcription programmes for broadcast or other use by radio stations.

127. Population information, since the adoption of the KPA, has become the vehicle for helping governments to recognize that population policies are desirable and that family planning programmes are a legitimate component of national health and social services. Media coverage of population has also greatly improved and helped to shape the national population debate on population. Working with media organizations in many States, assisting them in acquiring production equipment and in training specialized staff, UNICEF has been able to direct media content and attention towards issues of maternal health and child survival, especially providing publicity for EPI and ORT programmes and services. Similarly, by buying air time on radio and television or taking out advertisements in magazines and newspapers, Christian and Muslim religious organisations have increased public exposure to their presence and activities[32].

128. The IEC component is a strong aspect of population policy development in member States. What is needed additionally, is to intensify these efforts at establishing national focal points for assembling and disseminating population development related data and information required to foster the IPDP process. Despite these advances with IEC at the regional level, a project within the ECA Secretariat, Population Information for Africa (POPIN-AFRICA), strove over a period of 7 years (1984-1991) to establish national focal points (within member States) for the collation and dissemination of population information needed to foster the IPDP process. This important project was terminated in March 1992, largely because of funding constraints.

129. However, the print media in most of Africa are weak or non existent. As at 1989 there were still as many as eight countries in which no 'daily general-interest newspapers' were published; the majority publish only one daily newspaper; and, most newspapers have fairly low circulation figures due to economic, educational, technical and distribution constraints." It can be

---

[32] Alfred E. Opubor, "Popularization of population information in Africa: issues and approaches", POPIN-AFRICA Working Group on Population Information, Dissemination and Diffusion (Addis Ababa, 16-20 October 1989).

expected that the publication of periodicals such as Magazines and Journals especially of a specialised nature, is even less buoyant than newspaper publishing. The worsening economic situation in the region probably means that the information-communication sector, never high on the priority of government resource allocation, may be neglected, thus further shrinking access to the media for the majority of people.

130. Of the 27 respondents to APC3 Country Questionaire, 18 (ie. 67%) affirmed having established a population information system. But only 8 of these (about 44%) had national, regional and sectoral coverage. Even then, in terms of requirements for IPDP, 14 governments (about 80%) confirmed that there were still data gaps in their population information system (particularly on population growth components /socio-economic at the subnational and sectoral levels and to some extent at the national level).

131. Regarding the role of NGOS, the indication is that they are making a substantial contribution to the mobilization and organization of people at the grassroots level to control and manipulate their physical and economic environment for the betterment of their lives. About 80% of the 27 respondents to APC3 Country Questionaire affirmed that NGOs were intervening in their country's population related activities. About 80% of the 22 respondents to APC3 Country Questionaire reported having an agency to coordinate these NGOs's activities.These NGOs have been relatively effective in providing services to their target population and engaging disadvantaged communities in development activities. There are visible changes in some of the beneficiary population's living condition in terms of increased employment of youth, additional income for women, vaccination of children, and provision of water.

132. However, given their relative recency, these NGOs have had little time as yet to develop a tradition of grassroots' work; they also lack their own resources and depend upon foreign funding. With the scope of the development problems and the task of reaching the unserved population in the various member states, the benefits from their activities, scattered and isolated, are simply too minimal.

133. There is also the lack of sustained programmatic focus and the tendency to go from one sectoral project to another depending on available funding. This inability to stick to their original goals and mission as well as failure to specialize in particular areas of competence render organizational learning irrelevant and make continuity of particular agenda and goals impossible. Equally, they display a shortage of professional skills in planning, implementation and monitoring, financial and management control systems and evaluation functions.

134. There are few mechanisms by which indigenous NGO experiences can be shared and there are basically no viable and effective permanent networks and communication structures both locally and across states to exchange information or disseminate innovations and success stories; accordingly, there is basic lack

of knowledge about each others' efforts. Additionally, they lack meaningful leverage in the political process and have little policy impact and are generally unable to exercise influence at the macro level let alone affect the structure of impoverishment in any systematic fashion. This is not to play down on the fact that indigenous NGOs work in difficult circumstances. The challenge facing them is to discover and institute an organizational structure and process that combines modern professional management while retaining the comparative advantages, grassroots orientation and the participatory nature of the indigenous NGOs.

IV. SUGGESTIONS FOR FUTURE DESIGN OF NPPS.

136. Given the 13 case studies of NPPs discussed in section II and the constraints in their formulation reviewed in section III, the suggestions for streamlining the design of future NPPs (in this section) would cover seven main sectoral programme areas namely (a) fertility and family planning programme; (b) health programme (i.e. mortality and morbidity); (c) Population distribution and environment Programme; (d) Women in development programme; (e) Youth sector programme; (f) data collection, analysis, monitoring and evaluation programme; (g) IEC sector Programme; (h) Legal operations programme.

137. Because SAPs have had and are having considerable negative 'impact' on the ability of member states to make 'satisfactory progress' with population policy development, African leaders have a responsibility to develop long term perspective plans, conserve the environment and slow population growth, in an integrated strategy. Population policies and programmes are unlikely to deliver long term improvements in the environment or prospects for self reliance and sustainable development unless they are implemented simultaneously with measures to tackle the more ultimate causes of environmental degradation (ie. environmental consequences of warfare, polluting technologies, affluence related wastes, land and urban mismanagement policies)[30].

138. Operationally, first the population policies' measures of member states should incorporate as part of the African Alternative Framework to Structural Adjustment Programmes (AAF-SAP), the factors that are derived from established population-development interrelationships (rather than from 'a list of national aspirations) and within the framework of the national crisis ; this would ensure their responsiveness to their socio-economic realities. This aspect of the conceptual framework for IPDP is discussed at length in a recent **ECA Publication**[33]; member states should capitalize on the guidelines provided in the latter.

(i) Fertility and family planning programme[34]

139. The goal of fertility and the MCH/FP programme sectors of the NPPs should be to reduce the level of fertility in member

---

[33] UNECA, Manual for the integration of population ..... (1991), op. cit.

[34] For the source of these guidelines on target setting, see Report of the National Workshop on Population Policy Implementation, Addis-Ababa, June 12-13 1990 (ONCCP), pp. 10-14; See also pp. 15-19.

States. Towards this end, the minimum required socio-economic climate characteristics should include (a) a stable political environment and strong political will; (b) establishment of demographic targets; (c) implementation of legal measures (e.g. raising marriageable age, legalizing abortion and sterilization) to improve the status of women while simultaneously providing them with contraception; (d) establishing strong MCH programmes; (e) ensuring close collaboration between private and public sectors; (f) establishing strong institutional base for IPDP; (g) decentralizing health care delivery systems (including family planning) for urban and rural areas while at the same time expanding use of health personnel and alternative contraceptive distribution systems; (h) providing adequate resources for population policy implementation; and (i) establishing strong managerial capabilities in national family planning programme administration.

140. For illustration purposes, consider a country with three administrative levels of government, namely national, state and local.

141. At the national level, the required planning activities should include:

- the establishment of a technical advisory group for the National Family Planning Programme (NFPP) and a technical sub-committee to coordinate the NFPP.

- then the nature and extent of NFPP existing in the country should be evaluated;

- a family planning delivery system (clinical and non-clinical) should be designed;

- a training programme for all categories of family planning workers and administrators should be designed;

- the IEC component of the NFPP should be planned; some family-planning pilot projects should be developed in selected locations;

- a scheme for monitoring and evaluating the NFPP should be developed; technical consultants should be identified; and,

- targets should be set and appropriate cost estimates and budget guidelines provided;

142. The targets that should be set should aim at reducing fertility and in some way, should determine the extent and intensity of the required family planning programme. Among the several data inputs required for setting these targets should be:

(a) the target period, first and last year;

(b) total fertility rate at the beginning and end of the plan period;

(c) total number of women aged 15-49 at the beginning and end (projected) of the plan period;

(d) contraceptive methods currently in use;

(e) measures of contraceptive use effectiveness, discontinuation and consumption;

(f) contraceptive prevalence rate;

(g) percentage of women of reproductive age married at the beginning and end (projected) of the plan period;

(h) duration of postpartum infecundity at the beginning and end of the plan period;

(i) induced abortion rates per 1000 women aged 15-49 at the beginning and end of the plan period;

(j) pathological sterility rate at 49 years (for women).

143. Given these data sets, it should be possible to estimate:

the percentage of women practising contraception, the number implied, annual number of acceptors, annual number of cycles by method and the implied fertility reduction per year of the cycle.

144. At the State level, appropriate administrative structures for the coordination of the FP activities (at this level) should be developed; corresponding targets should be set for the coverage of FP services and facilities; the different categories of FP workers should be trained; and a data-generating system should be established.

145. At the third administrative (or local government) level, existing structures and facilities that can be used for FP should be identified; awareness creation through IEC should be strengthened; and the different categories of FP workers should be trained.

(ii) <u>Health (i.e. mortality and morbidity) Sector Programme</u>

146. Member states should not only adopt the AHDF[35] but the 'Action Plans' of their NPPS should incorporate its ideals. Indeed, since they have all adopted WHO's strategy of HEALTH FOR

35

ALL BY THE YEAR 2000 with the PHC as the major channel for attaining the indicated goals, an inter-agency body to highlight the modalities of operationalizing the AHDF strategy should be set up with the goal of addressing the underlying causes of the poor health status (in the country) particularly the AIDS epidemic and the indicated 'most cited causes of death'(infant, childhood and maternal).

147. Operationally,

A multi-sectoral technical sub-committee (MSTSC) on health should be established to coordinate health plans;

the needs for infrastructure (hospitals, health centres, etc.) should be assessed and cost estimates prepared;

a comprehensive health development plan should be drawn up;

the various categories of health manpower should be trained;

budget guidelines for the provision of health services should be prepared;

a research division for monitoring and evaluation should be established in the Ministry of Health;

targets for reducing the incidence of specific diseases should be set (particularly with respect to infants, children and mothers;

the health environment should be studied and appropriate strategies designed to combat environmental forces.

148. The major causes of death should be identified and used in setting targets to reduce their prevalence. Similarly, targets should be set with a view to:

reducing the level of mortality (infant, childhood, maternal and overall) from beginning to end of the plan period. Within this framework, a target could be set to increase life expectancy at birth at the beginning of and end of the plan period.

149. Targets should also be set to

expand health services and infrastructure to cover a given percentage of the population including:

expansion of community health services, increasing the number of health stations, increasing the number of health centres, increasing the number of rural

hospitals and the number of hospital beds, establishing more specialist hospitals; increasing private participation; training additional health, medical and paramedical personnel.

150. Targets should also be set for improving the living environment through:

expanding the supply of safe drinking water; providing more public sewerage in urban areas and latrines in rural areas; providing quality control for food imports, domestic processing and preservation; establishing safety regulations to reduce occupational hazards; and increasing environmental sanitation efforts.

(iii) Population distribution and environment programme

151. Member states should establish and strengthen a network of small and medium-sized cities to offer a choice between metropolitan and rural life. They should give greater emphasis to regional development planning to ensure a more equitable distribution of employment opportunities in different regions of the country; undertake significant reforms in the population development machinery (including a reorientation of planners and policy makers); and pay greater attention to the organizational framework within which the various institutions and agencies involved in the development of the disadvantaged regions normally operate[28].

152. Operationally,

An environmental protection and human rehabilitation technical committee should be appointed;

research into social, economic, geographical and cultural factors should be conducted to facilitate resettlement (where applicable);

plans (sites, logistics, necessary support) for resettlement of families (if applicable) should be made;

necessary social services and infrastructural facilities for all settlements should be provided;

plans for afforestation and soil conservation should be made;

agro-allied industries and other employment opportunities in selected locations should be promoted to facilitate the growth of medium-sized towns;

plans for the utilization of the country's water resources should be made for irrigation and electrification;

budget guidelines should be provided.

153. Targets should be set (using the results from research and careful analysis) to:

resettle people from one part of the country (e.g. farming families from the overcrowded or densely populated areas) to relatively less crowded or densely populated areas over the plan period;

develop a given number of medium-sized towns so as to reduce the influx of rural-immigrants into major urban towns of the country over the plan period;

promote environmental awareness creation and education through the school system and mass media;

promote afforestation and soil conservation in environmentally degraded areas of the country over the plan period.

154. On the population distribution sector, member States should (in their NPPs):

establish and strengthen a network of small and medium-sized cities in order to offer a choice between metropolitan and rural life;

give greater emphasis to regional development planning to ensure a more equitable distribution of employment opportunities in different regions of the country;

undertake significant reforms in the population development machinery (including a reorientation of planners and policy makers); and,

pay greater attention to the organizational framework within which the various institutions and agencies involved in the development of the disadvantaged regions normally operate.

(iv) <u>Women in development (WID) programme</u>

155. The suggested solutions to the indicated constraints include education and training by member states. Since attrition rates among girls at all levels of education are high principally due to pregnancy, there is need for government policy and programme to rehabilitate young and unmarried school girls. Measures to reduce the negative effects of SAPs on women are needed. For instance in employment, jobs where women predominate (eg

services) should be protected and maintained. Governments should enhance the role of women in agriculture by providing appropriate labour and time saving devices. Leadership training programmes should be organized to prepare women for taking up political responsibilities in high positions. There is a need for national policy on WID and National statistical Offices should develop data banks on WID.

156. To increase the role of WID, family planning information and service should be provided for the female population over the plan period. All discriminatory laws and cultural practices against women should be reviewed through legislative measures and appropriate public education programme. Opportunities should be created for women to be gainfully employed through action programmes and vocational training so that they can, over the plan period, achieve increasing measures of economic independence.

157. Equally, member States should emphasize female education and training in their NPPs. Since attrition rates among girls at all levels of education are high principally due to pregnancy, there is a need for government policy and programme to rehabilitate young and unmarried school girls. Measures to reduce the negative effects of SAPs on women are needed. For instance in employment, jobs where women predominate (eg services) should be protected and maintained. Governments should enhance the role of women in agriculture by providing appropriate labour and time saving devices. Leadership training programmes should be organized to prepare women for assuming political responsibilities in high positions. There is a need for a national policy on WID and national statistical offices should develop data banks on WID.

158. Operationally,

A technical committee on WID and a study group should be set up to identify any legal provisions, policies or cultural practices that tend to lower the status of women;

WID issues should be identified;

programmes for the development of women should be designed;

PFLE and vocational education for women should be provided;

everything should be done to encourage girls to complete, at least, the second cadre of the education pyramid;

family planning services should be extended to all women who so desire;

employment opportunities should be created for women;

and,

plans should be made to raise minimum age at first marriage.

159. Targets should be set to:

increase female enrolment at all levels of education;

raise the minimum age at first marriage over the plan period through appropriate legislation;

(v) <u>The youth sector programme</u>

160. Proposals to improve the potential of youths in the development process necessarily focus on the education and information channels of communication with young people; the mobilization of youth in action relating to population issues; and, society's awareness of population issue as they affect the region.

161. In this regard, the 1987-89 UNFPA's Review and Assessment presented to UNESCO's Consultation on Youth, Population and Development (10-11 October 1991) recommended a comprehensive strategy that should be adopted (by member states) on youth, population and development encompassing:

the development and implementation of youth policies, plans and programmes;

targeting IEC activities for carefully segmented, intended beneficiaries;

strengthening MCH and FP services for young people;

improving the role, status and participation of women, particularly young women;

increasing the involvement of men, particularly young men in family responsibilities;

complementing other development activities that have the greatest demographic impact; and,

empowering young people through deepening collaboration with youth and youth-related NGOs[31].

162. Operationally,

Youth management committee should be set up;

the various dimensions of the problems of youth (unemployment and juvenile delinquency) should be determined through research and design strategies;

the activities of youth associations should be revitalized;

plans to provide PFLE to youths (in and out of school) should be made;

family planning services for youths should be provided; and,

adequate plans for vocational youth training and employment should be made.

163. Based on the projected proportion of the youth population (over the plan period):

school enrolment targets should be set accordingly.

Targets should also be set to reduce (a) the unemployment rate among youth (over the plan period) through vocational training, provision of support for small-scale industrial and commercial enterprises, and (b) the incidence of unwanted pregnancies and associated fatalities over the plan period through the provision of information, education and family planning services.

Targets should be set to raise the minimum age at first marriage (for boys and girls) over the plan period through appropriate legislative measure.

(vi) Data Collection, analysis, monitoring and evaluation Programme

164. In terms of solutions to the indicated problems of this programme

(i) studies should be undertaken by the International Community to improve methodologies and strategies to make censuses cost effective without necessarily compromising data quality simultaneous with ensuring that per capita census cost is maintained at reasonable levels;

(ii) census data needs should be properly determined (by the country) to permit increasing use of sampling and formal quality control procedures in various census operations;

(iii) comprehensive programme of cartographic activities should be formulated (by member states/International Community) to cover pre and post census enumeration phases;

(iv) computer technologies should be assessed (by the

International Community) in terms of their potential use in the region;

(v) comprehensive staff development programmes and improved conditions of service should be instituted (by member states) in Statistical and Census Offices to redress the existing high turn over of 'trained staff'; and,

(vi) census materials should be adequately documented and records properly maintained and preserved by member states.

165. Regarding sample surveys, member states should note that integrated surveys are preferable to the ad-hoc type. The multi round survey is also to be preferred to the single round survey since it reduces errors of omission and of dating (in single round surveys). In itself however, multi-round surveys cannot cover persons who move in or out of the sample area between rounds as well as infants born after one round but die before the next. There is also the factor of round frequency; a six month interval has been suggested as a compromise. Regarding the surveys and censuses relationship as complementary tools to each other, the surveys should be conducted approximately mid-way between the censuses.

166. For the VS/CR system, a phased approach is recommended (to the member states) in dealing with some of the problems. In the first phase (ie.'pilot phase), the instruments of registration should be tested; and progression from one phase to another should be dependent on the success achieved in the previous phase. For implementing the phased programme, preference has been given for the selection of compact entities over the sample areas approach. Each state should adopt its own approach but could benefit from that of experienced nations.

167. The existing low level of development of national offices imply that there is continuing need for technical support from the International level. The well known problems of inadequate planning, difficulties at the implementation stage, and funding (in the region) may require specific attention with regard to capacity building at national statistical offices and at regional offices and improvements and innovations at the International level and funding mechanisms. In the area of research on population and development an Interagency body should be constituted by APC3 to coordinate research findings in African Universities and Research Institutes.

168. Operationally,

A scheme for periodic collection, analysis and dissemination of population and development related data should be worked out;

a data bank should be established;

priority on population and development research areas should be identified;

a series of "impact studies" on population-development interrelationships should be planned;

a scheme for monitoring programme activities and evaluating performance at different levels (of operation) should be designed;

a programme of workshops and seminars on project implementation, problems, alternative strategies and prospects should be prepared;

research, workshops and seminar reports should be published and disseminated; and,

a technical committee should be established for the overall coordination of activities such as population data collection, analysis, training and research.

169. Targets should be set to:

achieve universal registration of births, deaths and marriages in the country over the plan period;

collect social, economic and demographic data periodically;

train professionals in demography, statistics, programming and operations research in sufficient quality and quantity over the plan period.

(vii) <u>The IEC Sector Programme</u>

170. The need is for member states to put in place, national focal points for collating and disseminating population and development Information for fostering the IPDP process. There should be follow-up studies on constraints to African media organizations and professionals. Under the constraints indicated earlier, special interests willing to subsidize the media to "push" certain messages or advocate particular services could, through providing enabling funding, create new orientations of media content and new opportunities for public access to specialised information. A major related area of need in the member states is the training for media managers and line professionals in the interpretation and use of technical population facts and figures, the relationship of population issues to the national development process, and communication support for specific population programmes such as censuses, surveys, vital registration, women's education etc[19].

171. Operationally,

An IEC committee should be established;

a programme of population and family life education (PFLE) should be drawn up;

a national IEC should be designed;

necessary instructional materials should be produced in conjunction with the procurement of the requisite equipment;

appropriate training programmes should be organized;

an IEC research body should be set up for monitoring and evaluation; and,

budget guidelines should be prepared.

172. Targets should be set to increase enrolment rate (by sex and for the formal education) by a given margin over the plan period at all levels of the educational pyramid. Family life education can be incorporated into such targets.

173. For non-formal education, targets should be set to promote population and family life education through the mass media, by increasing existing capacities in radio and television audience, newspaper circulation, mobile cinema, supply of books, mass literacy campaign.

174. To achieve wider coverage of the rural areas, IEC workers should be trained in the dissemination of information on population and family life education, nutrition, safe motherhood, family planning, personal hygiene.

175. Targets should also be set to improve transport and communications throughout the country to facilitate the dissemination of information.

(viii) Legislative operations programme

176. For this programme:

A population law committee should be established;

existing legislative provisions and policies should be reviewed to reflect the spirit of the population policy;

appropriate legislative measures and policies (on population) should be designed;

targets for completion of the law review should be

set; and, budget guidelines should be made.

177. Targets should be set to achieve a comprehensive review of existing laws and policies in the areas of:

production, sale and distribution of contraceptives;

marriage and the family;

abortion;

sterilization;

minimum age at marriage;

vaccination and immunization;

safety regulations for work and travel;

standards of environmental hygiene;

tobacco production and consumption;

quality control for food and drinks;

pollution and waste disposal;

labour standards;

urban housing and planning;

registration of births, deaths and marriages; and,

fundamental human rights.

Table 1:

Distribution of ECA member States by status of integrating population variables in development plans (as assessed in 1993).

Member States	Group A Countries	Group B Countries	Group C Countries	Group D Countries
NORTHERN				
Algeria				x
Egypt				x
Libya	x			
Morocco			x	
Sudan			x	
Tunisia				x
WESTERN				
Benin		x		
B. Faso			x	
Cape Verde			x	
Cote D'Ivoire		x		
Gambia			x	
Ghana			x	
Guinea-Bissau	x			
Guinea Conakry			x	
Liberia			x	
Mali			x	
Mauritania		x		
Niger			x	
Nigeria				x
Senegal				x
Sierra Leone			x	
Togo		x		
CENTRAL				

Angola		x		
Central Africa Republic		x		
Cameroon		x		
Chad		x		
Congo		x		
Equtorial Guinea	x			
Gabon			x	
Sao Tome and Principe		x		
Zaire		x		
EASTERN				
Burundi		x		
Comoros		x		
Djibouti	x			
Ethiopia		x		
Kenya				x
Madagascar			x	
Malawi		x		
Mozambique		x		
Mauritius				x
Rwanda			x	
Seychelles	x			
Somalia	x			
Tanzania			x	
Uganda		x		
Zambia			x	
Zimbabwe		x		
SOUTHERN				
Botswana		x		
Lesotho		x		
Namibia		x		

Swaziland		x		
TOTAL	**6**	**22**	**16**	**7**

Group A : Countries with limited and non-integrated population activities;

Group B = Countries in the process of formulating population policy;

Group C = Countries that have explicit population policy;

Group D = Countries that have explicit population policy and strategies (i.e. National Population Programmes).